

REMARKS

Claims 1-30 are pending. Claims 1, 22 and 30 are amended. Support for the claim amendments is found in Figures 3-5 and in paragraph 12 of the originally-filed application.

Claims 1-7, 9-20, and 22-30 stand rejected under 35 U.S.C. § 102(b) as being anticipated by Heil et al. (WO 99/53993, hereinafter "Heil"). In the previous response, Applicant articulated distinctions between the pending claims and the cited reference indicating the reference was insufficient to anticipate the claims. The previous response is incorporated herein by reference. Claim 1 is directed to an implantable defibrillation lead including:

"a physiological sensor adapted to function in a high flow region of a circulatory system coupled to the distal portion of the lead body for sensing signals other than cardiac electrical signals, the sensor positioned along the distal portion of the lead body such that the sensor being located in a high flow region of the right ventricle and spaced apart from the endocardial surface when the fixation element couples the lead to the endocardial surface."

Heil discloses an endocardial lead system that includes a first pacing/sensing electrode positioned to engage the tissue of the heart along the septal wall of the right ventricle. Heil fails to teach, suggest or imply, among other things, a physiological sensor for sensing signals other than cardiac electrical signals, the sensor being located in a high flow region of the right ventricle and spaced apart from the endocardial surface. The Examiner has responded to Applicant's previous arguments by stating that Heil's pace/sense electrode is in a high flow region of a heart because the ventricles of the heart are high flow regions. The pending claims, however, do not specify a "high flow region of the heart". The claims specify "a high flow region of the right ventricle". A high flow region of the right ventricle is defined in the specification and shown in Figure 2. Simply placing an electrode in the right ventricle is not positioning a physiological sensor in a high flow region of the right ventricle and is not an appropriate reading. The pace/sense electrode taught by Heil would not function

as intended if positioned in the high flow region of the right ventricle and spaced apart from the endocardial surface since Heil's electrode needs to engage the septal tissue in order to perform as intended. Specifically with regard to claim 30, Heil fails to disclose a pressure sensor. For at least these reasons, the rejection is improper and should be withdrawn.

The rejection presented under 35 U.S.C. §103(a) is likewise unsupported and the additional reference cited fails to remedy the deficiency of Heil relating to "a physiological sensor adapted to function in a high flow region of a circulatory system coupled to the distal portion of the lead body for sensing signals other than cardiac electrical signals, the sensor positioned along the distal portion of the lead body such that the sensor being located in a high flow region of the right ventricle and spaced apart from the endocardial surface when the fixation element couples the lead to the endocardial surface." Withdrawal of the instant rejections and issuance of a Notice of Allowance is respectfully requested.

Respectfully submitted,

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Date

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